

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FREE TRANSMITTAL</b> <b>For FY 2009</b>		Application Number	10/584,192-Conf. #3847
		Filing Date	June 23, 2006
		First Named Inventor	Takayuki ONIKI
		Examiner Name	D. C. Sutton
		Art Unit	1612
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	0171-1287PUS1
TOTAL AMOUNT OF PAYMENT	(\$)	810.00	

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account            Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>		
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
							<b>Small Entity</b> <b>Fee (\$)</b>
<b>Fee Description</b>							<b>Fee (\$)</b>
Each claim over 20 (including Reissues)							52
Each independent claim over 3 (including Reissues)							220
Multiple dependent claims							390
							195

<b>Total Claims</b> 18 - 22 or HP	<b>Extra Claims</b> x	<b>Fee (\$)</b> =	<b>Fee Paid (\$)</b> _____	<b>Multiple Dependent Claims</b> <b>Fee (\$)</b> _____	<b>Fee Paid (\$)</b> _____
HP = highest number of total claims paid for, if greater than 20.					
<b>Indep. Claims</b> 3 - 3 or HP	<b>Extra Claims</b> x	<b>Fee (\$)</b> =	<b>Fee Paid (\$)</b> _____		
HP = highest number of independent claims paid for, if greater than 3.					

<b>3. APPLICATION SIZE FEE</b>					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
<b>Total Sheets</b> _____ - 100 = _____	<b>Extra Sheets</b> /50 = _____	<b>Number of each additional 50 or fraction thereof</b> (round up to a whole number) x _____ = _____	<b>Fee (\$)</b> _____	<b>Fee Paid (\$)</b> _____	
<b>4. OTHER FEE(S)</b>					
Non-English Specification, \$130 fee (no small entity discount)					
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 810.00					

<b>SUBMITTED BY</b>			
Signature	<i>Gerald M. Murphy, Jr.</i>	Registration No. (Attorney/Agent)	28,977
Name (Print/Type)	Gerald M. Murphy, Jr.	Telephone	(703) 205-8000
		Date	June 11, 2009